

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR TREATING PROCESS WASTE WATERS HIGHLY CHARGED

WITH AMMONIUM IN WASTE WATER SYSTEMS

the specification of which (check only one item below):

is attached hereto.

was filed as United States application

Serial No. \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_ (if applicable).

was filed as PCT international application

Number PCT/EP 98/06882

on 30 October 1998

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (PCT, indicate PCT.)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
PCT	PCT/EP 98/06882	30 Oct. 1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Germany	197 48 000.4	30 Oct. 1997	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Germany	198 28 175.7	24 June 1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued)		ATTORNEY'S DOCKET NUMBER P-968
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)	
PCT/EP 98/06882	30 Oct. 1998		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Scott R. Cox  
Registration No. 31,945

Send Correspondence to:			Direct Telephone Calls to: <i>(Name and telephone number)</i>	
Scott R. Cox LYNCH, COX, GILMAN & MAHAN, P.S.C. 400 West Market Street, Suite 2200 Louisville, KY 40202			Scott R. Cox (502) 589-4215	
201	FULL NAME OF INVENTOR	FAMILY NAME Högl	FIRST GIVEN NAME Maximilian	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Landshut	STATE OR FOREIGN COUNTRY Fed. Rep. of Germany	COUNTRY OF CITIZENSHIP Fed. Rep. of Germany
	POST OFFICE ADDRESS	Luitpoldstrasse 30 a	CITY 84034 Landshut	STATE & ZIP CODE/COUNTRY Fed. Rep. of Germany
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 101 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE

ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)  
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR  
INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)

I, Undine Gabriele Högl, Christian Eric Högl, Cindy Diana Högl,  
(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)  
hereby declare that I am a citizen of \_\_\_\_\_,  
residing at \_\_\_\_\_

and that I am executing and signing the declaration to which this is attached as

(check one):

the administrator(trix) of  
 executor(trix) of the last will and testament of  
 legal representative (or heirs) of

Maximilian Högl

Full name of (first, second etc.) deceased or incapacitated inventor

Germany

Country of citizenship of deceased or incapacitated inventor

Felix-Meindl-Weg 80, 84036 Landshut, Federal Republic of Germany

Residence of deceased or incapacitated inventor

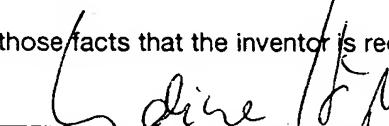
Luitpoldstrasse 30 a, 84034 Landshut, Federal Republic of Germany

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 24. 06. 00

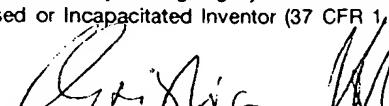
  
Signature of administrator(trix), executor(trix)  
legal representative (or all heirs)  
Undine Gabriele Högl (Heir)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

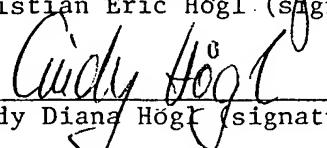
NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])

Date: 26. 06. 00

  
Christian Eric Högl (signature of heir)

Date: 19. 06. 2000

  
Cindy Diana Högl (signature of heir)